

APPLICATION FOR UNITED STATES PLANT PATENT

Declaration and Power of Attorney

As a below named inventor, I hereby declare that:

my residence, post office address and citizenship are as stated below next to my name; that

I verily believe that I am the original, first and sole inventor (if only one name is listed below) of the new and distinct variety of the specified plant which is claimed and for which a patent is sought, and entitled:

1. 'Redock Orange'

described and claimed in the specification:

**Check one**

\*a.  attached hereto  
b.  filed on \_\_\_\_\_ as Application Serial No. \_\_\_\_\_ and amended on \_\_\_\_\_;  
(if applicable)

I hereby declare that I have invented, discovered, or found in a cultivated area, and asexually reproduced the same new and distinct variety.

I hereby state that I have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information of which I am aware which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, paragraph 1.56(a).

Under Title 35, U.S. Code paragraph 119, the priority benefits of the following foreign application(s) filed within one year prior to this application are hereby claimed: NONE

2. The following applications for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior this application, or (b) before the filing date of the above-named foreign priority application(s):  
(if there are no corresponding applications, insert "NONE".)

NONE

( earlier foreign applications filed within a year are:

NL, CHR 3220, filed 25 July 2000

EU, 0962/2001, same priority date).

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent and Trademark Office:

Roger W. Parkhurst, Reg. No. 25,177; Charles A. Wendel, Reg. No. 24,453.

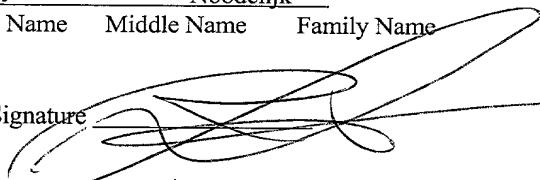
ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO PARKHURST & WENDEL, 1421 PRINCE STREET, SUITE 210, ALEXANDRIA, VIRGINIA 22314, TELEPHONE (703) 739-0220.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

3. Typewritten Full Name of Sole or First Inventor

Robert Noodelijk  
Given Name      Middle Name      Family Name

\*\*4. Inventor's Signature



\*\*5. Date of Signature July 17 2001  
Month      Date      Year

6. Residence Woubrugge      The Netherlands  
City      State or Province      Country

7. Citizenship Dutch

8. Post Office Address

(Insert complete Vrouwgeestweg 26  
mailing address,  
including country) 2481 KN Woubrugge, The Netherlands

\*This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.

\*\*Note to the Inventor: Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.

Typewritten Full Name

Second Inventor \_\_\_\_\_

Given Name    Middle Name    Family Name

Inventor's Signature \_\_\_\_\_

Date of Signature \_\_\_\_\_

Month    Day    Year

Residence \_\_\_\_\_

City    State or Province    Country

Citizenship \_\_\_\_\_

Post Office Address

(Insert complete \_\_\_\_\_  
mailing address,  
including country) \_\_\_\_\_

Typewritten Full Name

Third Inventor \_\_\_\_\_

Given Name    Middle Name    Family Name

Inventor's Signature \_\_\_\_\_

Date of Signature \_\_\_\_\_

Month    Day    Year

Residence \_\_\_\_\_

City    State or Province    Country

Citizenship \_\_\_\_\_

Post Office Address

(Insert complete \_\_\_\_\_  
mailing address,  
including country) \_\_\_\_\_